

To:

TOWN OF BROOKLINE **DEPARTMENT OF PUBLIC HEALTH**

Paid: Check #:_ Inspector Approval: Chief:_

11 Pierce Street, Brookline, Massachusetts, 02445 Telephone: (617) 730-2300 Facsimile: (617) 730-2296 Website: www.brooklinema.gov

APPLICATION FOR KEEPING OF ANIMALS – TOWN ZONING

To:	Dan Bennet Commissioner of Buildings
From:	Inspector of Animals Health Department
Re:	Keeping of Animals Permit Approval
Please	be advised that this Department has a pending application for a Keeping of Animals Permit at:
Addres	ss of Premises:
Туре о	f Animals:
Occupa	ant of Record: Phone:
To process this application the Health Department requires a signoff by the Building Department. The signoff will insure the Health Department that there is no conflict with the Town Zoning By-Law.	
Please	check, sign and date that appropriate box below so we may process the application:
	The Building Department has no objection to the Health Department issuing a Keeping of Animals Permit to the address noted above. The application complies with the Town Zoning By-Laws.
	The Building Department cannot recommend the Health Department issue a Keeping of Animals Permit to the address noted above. The application does not comply with Town Zoning By-Laws.
Date: _	Building Department Representative:
Proner	ty Location:

^{*}The Health Department recommends that all new Keeping of Animals Applications begin with Zoning Approval*